



Cochrane News

The Cochrane Collaboration Newsletter

Volume 1- Issue 1 - September 1994

Welcome to *Cochrane News*. This is the first newsletter in what will, hopefully, become a regular publication designed to keep you informed with what's happening in the Cochrane Collaboration internationally. As our collaboration continues to expand at such a rapid rate the need to maintain effective communication between all our various groups and activities couldn't be more important. This newsletter will try to facilitate the communication process. We will try to keep the quality of its contents up-to-date and based on a synthesis of the best available evidence of what's happening in the collaboration! We welcome your peer review and feedback!

If all goes well, *Cochrane News* will be produced approximately every three to four months (in the first instance) by the Australasian Cochrane Centre and distributed to all members of the collaboration (and any other groups or individuals who express interest) through the respective Cochrane Centres. In the future, we hope to experiment with also providing a (less jazzy) version of the newsletter electronically through INTERNET. As with everything else in the collaboration, for *Cochrane News* to be successful and useful it will require your support and input.

Any contributions will be gratefully received by:

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From the Chair

I volunteered to serve as Chair of the Cochrane Collaboration Steering Group because I was convinced that this enterprise is the most important attempt ever undertaken to benefit those who use clinical and other health care services through the combination of science and unselfishness. In my first six months at this job, this conviction has only increased.

The science is awesome. It begins with the compelling, repeated demonstration (in work pioneered by one of our Cochrane Centres) that less than half of the randomised trials published in any year are retrieved using expert Medline searches. It moves through the host of methodological studies (conducted in our growing number of Methods Working Groups) that are replacing the old, theoretical dogma about how trials and reviews ought to be conducted with hard data on what really happens (and sometimes doesn't happen!) to their results and conclusions when these dogmatic rules are broken.

But, of course, all this science culminates in the reports now beginning to emerge from the heart of our venture, the Collaborative Review Groups (CRGs). They will revolutionise health care around the world. And this revolution will be accelerated by one of our newest CRGs that is systematically reviewing trials of strategies for effectively producing change in the delivery of health care. Finally, the sciences of communication and consumerism will bring the results of our efforts to those who can benefit from them in a form which permits their informed choice.

And the unselfishness I have witnessed over the past 6 months is awe-inspiring. Dedicated individuals are toiling in the Collaboration all over the world (there are over a thousand of us now), braving financial impediments and ignoring the old politics of solitary science for individual gain.

Volunteers from all walks of life, including those who must spend time as patients, are tirelessly hand-searching journals in a growing number of languages. Academics who could be publishing solo or first-authored papers are transferring their creative efforts to the training of searchers and reviewers, and to the generation of software for performing, reporting, and disseminating systematic reviews. Senior scientists, including those famous for systematic reviews based on individual patient data rather than trial reports, and all of them well established before our upstart organisation was even conceived, are now joining the Collaboration and beginning the arduous tasks of updating their reviews and adopting them to our format. And an increasing number of governments and other funding agencies are looking beyond both individual traditions and trendiness to grasp the ultimate human importance of supporting our work.

We face awesome barriers to the success of our collaboration. To begin with, we don't even know how many trials exist out there (Steering Group estimates range from 250,000 to over a million), and finding all of the relevant ones is not only mammoth task but one that has to be repeated with the next issue of every journal and the next meeting of every clinical research society. Moreover, despite the generosity of so many funding bodies, money for our work remains scarce.

And the critics whose authority is threatened by what we are doing or think that our fundamental approach to systematic reviews is a dumb idea, 'tho diminishing in numbers and credibility, occasionally slow our progress and divert our energy from our primary objective.

But the most awesome barrier to our success is, paradoxically, our success. The recognition, all over the world, of the importance of what we are doing has led to the growth of the Collaboration at a rate far exceeding that predicted by even the incurable optimists among us. Linking individuals with very similar interests but very different professions, backgrounds, and home bases is wondrously exciting but also wondrously exhausting of time and other resources. And these individuals' own subsequent struggles to successfully form and function as Collaborative Review Groups, Fields, Methods Working Groups, and the like present prodigious problems in logistics, learning, communication, travel, and trust-building. And keeping our ever-expanding collaboration informed about new sources of trial data, about new methods and software for reviewing those data, about promising and successful strategies for raising the money required to carry out the review, and simply what each other are doing and thinking borders on the impossible. (And I have made everyone's jobs tougher by disappearing from view as I pull up my Canadian stakes and move to England.)

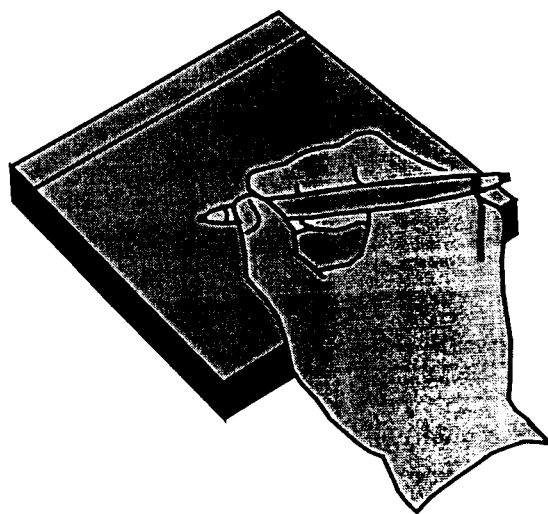
We are striving to overcome these barriers, and can report some progress. New Cochrane Centres are springing up to provide more help, closer at hand, to our members. The turn-around time for reviewing and registering Collaborative Review Groups (once their proposals

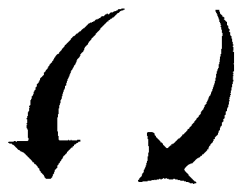
catch up with me!) has come down to about a week. With support from the Swedish Council on Technology Assessment in Health Care and the UK National Health Service, the Steering Group is hiring an Executive Officer to gather and disseminate information about the most efficient ways to raise money, and to further speed our responsiveness to request for information, registration, and help. And, this Newsletter is packed with the latest information about who is doing what with whom, and how to find out more about it.

Finally, and most important, the unselfish effort, good will and good humour of all of you continue to make the achievement of our ultimate goal both extremely possible and extraordinary fun.

Dave Sackett

- somewhere between Hamilton and Oxford.





'Around the Centres'

Each newsletter we will bring you news from several of the Cochrane Centres. This issue we feature the Canadian, Nordic, Australasian and Italian Cochrane Centres.

Canadian Cochrane Network and Centre

(Brian Haynes, Director Canadian Cochrane Centre)

Agreement to Form a Network

The Agreement to form a Canadian Cochrane Network that emanated from a meeting of representatives of medical schools, government, technology assessment groups and others in Ottawa on February 12th, 1994, has been adopted by unanimous assent of representatives of the 16 medical schools in Canada. The Canadian Cochrane Network and Centre (CCN/C) are open for business!

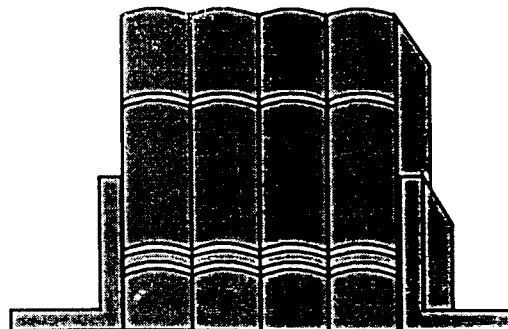
Relationships with Health Technology Assessment Groups

There are a number of health technology assessment groups supported by provinces, and a national office, the Canadian Coordinating Office for Health Technology Assessment. A preliminary agreement for cooperation and coordination of HTA and CCN/C activities has been worked out and has been approved by CCN/C members. Pending approval by the HTA groups, operational details will be developed by a liaison group.

Activities

Cochrane initiatives have been taken on many fronts in Canada. As examples: Peter Tugwell at the University of Ottawa and Peter Brooks in Australia have coordinated the development of a review group on musculoskeletal disorders. Jack McDonald at the University of Western Ontario hosted an international meeting to establish a review group in inflammatory bowel disease, with registration of the group likely to take place within

the next few months. Warren McIsaac at the University of Toronto has been meeting with local clinical epidemiologists and organizing rounds presentations. Bill Feldman at the Hospital for Sick Children in Toronto has taken on the task of organizing the field of general pediatrics. Milos Jenicek at Université de Montréal has offered materials for courses on systematic reviews and meta-analysis and has met with his dean who has sent a letter of support. Brendan Barrett of Memorial University of Newfoundland has detailed plans there for a number of Cochrane activities to be spearheaded by their clinical trials group. Mike Moffatt of the University of Manitoba has discussed the Cochrane Collaboration with the dean and department chairs, stirring up considerable interest. Mike has also sent a letter to Jon Gerrard, the new federal Minister of Science and Technology, concerning Internet plans for the CCN/C, with an initial favourable reply. MaryAnn Thomson and Andy Oxman from McMaster attended an organizational meeting in London (UK) in March for review groups on "behaviour change". Over 50 people attended and it was agreed that there should be separate review groups for controlled trials of interventions on provider behavior, health services organization and financing, and health education. Andy Oxman organized and put on workshops on doing systematic reviews (in Calgary and Hamilton) and on using Review Manager (in Hamilton). Deb Cook is working through how the graduate level overview course at McMaster can become an even better source of training for future Cochrane reviewers. Dave Sackett decided that he could be more help in the UK than here, picked up his tent, and relocated in Oxford. Andy Oxman is the overall editor for the Cochrane Collaboration manual which is now available in print on disk and by INTERNET. Andy and his family have just moved to Oslo where Andy will continue to work with the Cochrane Collaboration. Rob Hayward, on behalf of the Cochrane Informatics group, secured some funding for developing internet facilities for the CC.



News from The Nordic Cochrane Centre

(Peter Gotzsche, Director, Nordic Cochrane Centre)

The Nordic Cochrane Centre, at Rigshospitalet in Copenhagen, was opened on October 13, 1993. The contact persons in the other Nordic countries are: Dr Deborah Marshall at The Swedish Council for Technology Assessment in Health Care (SBU) (fax: +46-8 611 79 73) and The Swedish Institute for Health Services Development (SPRI) Chief Librarian Arne Jacobsson at The Swedish Institute for Health Services Development (SPRI) (fax: +46-8 702 46 61), Stockholm; Dr Arild Bjorndal at the State Institute of Public Health, Oslo (fax: +47-22 35 36 05); Dr Marjukka Makela at the National R & D Centre, Helsinki (fax: +358-0 39 67 22 27); and Professor Johan Sigurdsson, Reykjavik (fax: +354-1 62 20 13). Chairman of the Advisory Board is Professor Lars Werko, SBU. The Nordic Centre will be responsible for the Baltic States as well.

Funding of the centre for the first 3 years has been obtained from the EU (BIOMED programme), Rigshospitalet, and the Danish Ministry of Health.

Hand searching of general medical journals is under way in all five countries. Volunteers and editors help with this work. In Sweden, the SBU has funded a full-time person for a limited period of time at Arne Jacobsson's unit at SPRI. This unit will search both general and specialist journals in Sweden and will write MEDLINE abstracts for those RCTs that are not there, including those from the other Nordic countries. The Nordic capacity was further strengthened on August 1, when Andy Oxman starts working with Arild Bjorndal in Oslo. Andy Oxman will be Managing Editor of the Cochrane Collaboration Handbook and the Review Manager.

Workshops have been held for reviewers at the SBU and for hand searchers at SPRI. Exploratory meetings have been arranged by Christian Gluud for gastroenterology/hepatology in Copenhagen and by Vinod Diwan for tuberculosis in Stockholm. A workshop for reviewers of neuroleptic drugs will be held in Stockholm on August 25-26.

The 1995 meeting of the International Society for Technology Assessment in Health Care in Stockholm, June 5-7, will be co-convened by the Cochrane Collaboration.

Review groups with Nordic input have been formed or are under consideration within: stroke, hepatology, gastroenterology, rheumatology, complementary medicine, psychiatry, asthma, tuberculosis, malaria, effective professional practice and diabetes.

A main interest of the centre is to promote methodological research, especially on bias problems and on non-specific (placebo) effects of health care. A PhD-student and another academic are presently being tutored, based on external funding.

Articles describing the Nordic centre have been published in medical journals in Denmark, Finland, Norway, and Sweden.

ADVANCE WARNING

The third Cochrane Colloquium will be hosted by the Nordic Cochrane Centre from October 5-8, 1995. The program is being organised by Arild Bjorndal and Andy Oxman. Unfortunately, numbers will need to be limited to 300 participants.



Australasian Cochrane Centre

(Chris Silagy, Director)

The Australasian Cochrane Centre is now up and running. Moves to establish an Australasian Centre were first mooted back in February at a meeting attended by over 40 Australians and New Zealanders held in Canberra (hosted by the Australian Institute of Health & Welfare). Our special thanks to Iain Chalmers who was present at the meeting and was instrumental in facilitating this development.

Subsequently, there were extensive negotiations with the Department of Health and Human Services which led to a Federal Government decision to provide special funds in their annual budget to enable the establishment of the centre. Tenders were called by the National Health and Medical Research Council, and the announcement has recently been made that the Centre will be based in Adelaide.

The funding, which is for a four year period in the first instance, will enable a small core staff of 3.5 people (a training coordinator, administrator, computer systems officer, and administrative assistant) to be appointed. It is hoped that the first of

these appointments will be made during the next few months. The centre will be taking responsibility for the production of this newsletter and for maintenance of the register of people who are participating in the Cochrane Collaboration. We are in the process of developing our plans to provide local support and training as well as helping to network between the collaboration and our respective countries national health priorities.

We would warmly welcome any visitors, so if you're heading "down under" then don't hesitate to get in touch with us.

Italian Cochrane Centre

(Alessandro Liberati, Director)

The Italian Cochrane Centre (ICC) was opened on June 28, 1994 with an informal but quite successful public meeting. During the morning a short-course on "Methodology of systematic reviews" was offered to 65 professionals. More than 200 people from the whole country then attended the afternoon "opening-event" to which Dave Sackett, Iain Chalmers and Kay Dickersin participated in their capacities as Chairman of the Steering Group, and Directors of

the UK and Baltimore Cochrane Centres, respectively.

The ICC will be based at the "Mario Negri Institute" in Milano and will have a satellite location at the "Consorzio Mario Negri Sud" at S. Maria Inbaro near Chieti (contact person: Amtonio Nicolucci, fax :+39 872 578240)

Pending a search for funding, a team formed by Alessandro Liberati (Director), Valter Torri and Antonio Nicolucci (Deputy Director) Vanna Pistotti (Information Specialist) and a part-time secretary are carrying the initial activities.

Chairman of the Advisory Board is Professor Gianni Tognoni. A list of people interested in the different potential activities (ie training of reviewers, preparation of teaching material according to the principles of evidence-based medicine, etc) of the ICC is currently being prepared. The number of people from medical schools and local health services expressing potential interest is growing fast.



A main interest of the centre will be on dissemination of information useful for the delivery of appropriate health care. Attempts are currently underway to establish an Italian Cochrane Network involving Regional Health Authorities (RHA), Medical Schools and individual health professionals. During a first meeting with representatives from 6 RHAs held last May it has been agreed that, by the end of this year, a proposal for a permanent collaboration between the RHAs and ICC will be produced.

Several investigators linked to the ICC are currently assuming active roles within the Collaboration at international level. Roberto Grilli will serve as a member of the editorial group of the newly registered Cochrane Professional Practice Group which is planning to prepare systematic reviews on the effectiveness of strategies aimed at changing professional practice. Antonio Nicolucci participated at the first exploratory meeting, held last July in London, to set up a Diabetes review group, Valter Torri, together with Alessandro Liberati, is coordinating an "individual patient overview" in the area of

intensive care (effectiveness of antibiotic prophylaxis in mechanically-ventilated patients). Luigi Pagliaro, already actively involved in the conduct of several systematic overviews in gastroenterology / hepatology group. Livia Canedise, neurologist, has expressed interest in helping set up a neurology group with particular emphasis on translating the principles of evidence-based medicine into teaching activities. Silvia Marsoni, co-author of several systematic reviews in oncology, will contribute to the development of the field within the Cochrane Collaboration. Other people such as Vittorio Bertele and Alberto Spagnoli have expressed willingness to be involved into new collaborative groups forming around the areas of peripheral vascular disease and dementia, respectively.

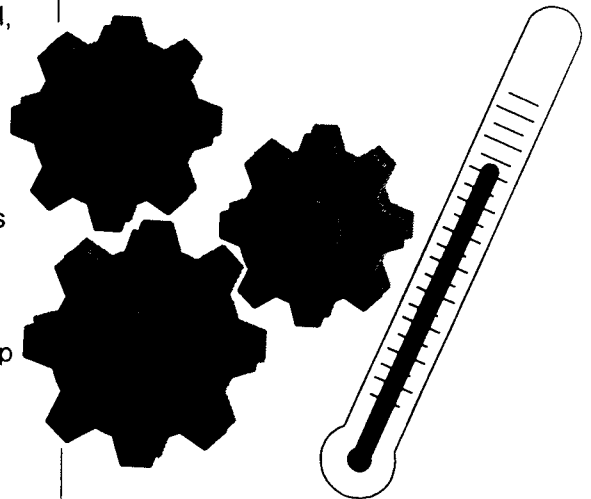
In October 1994 a two day workshop has been organised by Alba Mitchell, Deirdre Fullerton, Dina Labbrozzi, Sevgi Arad, and Ken Schulz on "high risk adolescent behaviour". The aim of the workshop is to discuss the systematic reviews that already exist in the field and decide whether there is scope in setting up a permanent Cochrane Review Group. The workshop will be held

at Mario Negri Sud, one of the two locations of the Italian Cochrane Centre.

Articles describing the Italian Cochrane Centre have been published already in three Italian medical journals and members of the ICC have been invited to present the aims of the Cochrane Collaboration to national scientific meetings.

Cochrane Colloquium

This newsletter is being distributed to participants attending the second Cochrane Colloquium being held in Hamilton, October 1-4, 1994. A special vote of thanks to our Colloquium hosts (the Canadian Cochrane Centre) for all their hard work and efforts in putting an excellent program together. We will have a full report on the Colloquium in the next edition of our newsletter.



Evolution of COLLABORATIVE
REVIEW GROUPS (CRGs)
within the Cochrane
Collaboration - Status at 10 June
1994

The following Collaborative Review Groups
have been formally registered with the
Collaboration as at 10 June 1994:

- Malaria
- Musculoskeletal disease
- Osteoporosis
- Rheumatoid arthritis
- Osteoarthritis
- Spondylarthropathy
- Systemic lupus erythematosus
- Back Pain
- Subfertility
- Pregnancy and Childbirth
- Stroke
- Neonatal
- Schizophrenia
- Acute respiratory infections
- Professional Practice

In addition, meetings have been convened to
explore the possibility of establishing
Collaboration Review Groups in the following
areas:

- Tuberculosis
- Sexual behaviour
- Functional bowel disease
- Inflammatory bowel disease
- Oral health
- Dementia
- Epilepsy
- Urinary incontinence
- Heart disease
- Peripheral vascular disease
- Wound healing
- Diabetes
- Pain
- Adolescent behaviour
- Hepatology

***Development of the Register
of RCTs***

Identifying RCTs

Good news from national library of
medicine.....

*The register of RCTs - how the
Baltimore Cochrane Centre will
work with the NLM*

Following on from the (US) National
Institutes of Health clinical trials registries
conference, a meeting was held on 7
December 1993 between Kay Dickersin
(Baltimore Cochrane Centre), Iain
Chalmers, Muir Gray and Carol Lefebvre
(UK Cochrane Centre), Lois Ann
Colaiani (Associate Director - Library
Operations at the National Library of
Medicine (NLM) and Peri Schuyler (Head
of Medicine Subject Headings, NLM).
difficulties in identifying RCTs in MEDLINE
were discussed, and it was agreed that
any new definite RCTs identified will be
indexed under the existing term
RANDOMIZED CONTROLLED TRIAL.
Any possible randomised or definite
quasi's will be indexed under a new term
CONTROLLED CLINICAL TRIAL. RCTs
and possible RCTs not in MEDLINE
journals will be added to an adjunct
database that will be accessible in a
manner similar to MEDLINE, but these
articles will not be entered into MEDLINE
directly. We are underway with the project
and expect that in 1995 over 10 000 newly
identified definite RCTs will be reindexed
as such in MEDLINE. Thanks should go
to Carol Lefebvre who has been working
around the clock to achieve this.



Around the CRGs

The review groups are represented on the Steering Group by Kjell Asplund, who participates in the review work on stroke. If any member of a review group wants him to bring some matter to the attention of the Steering Group (and this is not solved in direct collaboration with a Cochrane Centre), he can be approached:

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Cochrane Pregnancy and Childbirth Group

The progress of the Cochrane Collaboration continues at breathless pace, and the Pregnancy and Childbirth Module remains a very important prototype to which many other people from many different countries look for guidance. They are

interested both in the structure of our reviews, and also the ways in which we have evolved as a group (and continue to develop).

Our groups reviews will be among the first to be included in the Cochrane database of systematic reviews and we are trying to get some of these into shape (the new format) before autumn.

Contact:
Jini Hetherington
UK Cochrane Centre
Summertown Pavilion
Middle Way
Oxford
OX2 7LG

Musculoskeletal Working Group

The international League of Associations for Rheumatology (ILAR - with over one hundred countries as members) Standing Committees in Clinical Trials (Chair: Peter Brooks, MD) and Epidemiology (Chair: Peter Tugwell, MD) offered to coordinate an international Cochrane Musculoskeletal Module with representation from the four Regional Leagues of Associations for Rheumatology (African League, Asian-Pacific League, European League, Pan-American League).

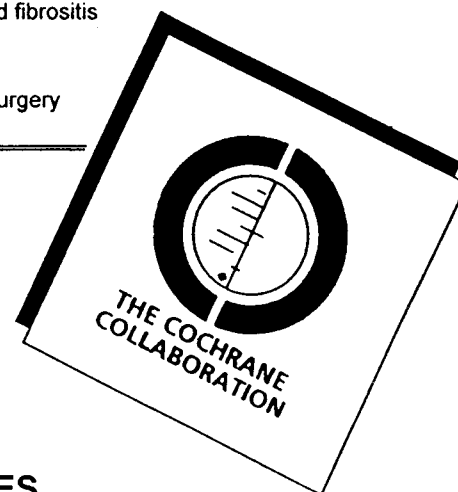
Meetings for those potentially interested in participating in the Cochrane Musculoskeletal

Module were held at the ILAR Congress in Barcelona in July 1993, and at the American College of Rheumatology meetings in November 1993. Over one hundred people attended each meeting and a number of individuals credible in the field offered to participate in different musculoskeletal condition areas.

An Editorial Group for the whole musculoskeletal module, with expertise in medicine, nursing, economics, orthopaedics and physiotherapy has been established to support the subgroups. Each group will invite representation from all of the relevant disciplines and offer the opportunity to participate to people from all over the world. The current list of participants in groups include individuals from Australia, Belgium, Canada, Chile, Denmark, France, Indonesia, Latin America, Lithuania, Mexico, Netherlands, Sweden, Venezuela, United States of America and United Kingdom.

A number of submodule areas have been proposed. To date, facilitators have agreed to coordinate eight areas. It is hoped that the first systematic review will be completed during the next 12 months. Examples of proposed meta-analyses within each of the subgroups include:

Backs	Pharmacologic, behavioural and surgical interventions
Lupas	Steroids, cytotoxics
Osteoarthritis	Physical therapy, Non steroidal anti-inflammatory drugs (NSAIDs)
Osteoporosis	Calcium, hormonal replacement, calcitonin, vitamin D, vitamin K, anabolic steroids, fractures
Paediatrics	Juvenile rheumatoid arthritis: methotrexate
Rheumatoid Arthritis	Biologics, physical medicine, NSAIDs
Soft Tissue	Pharmacologic and behavioural intervention for generalised fibrositis and regional syndromes
Spondylarthropathy	NSAIDs, slow acting drugs, antibiotics, rehabilitation and surgery



Contact: *Bev Shea*
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 Ottawa, Ontario, CANADA
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INTERESTING BITS AND PIECES

Cochrane Reviews in Print

The editors of the pregnancy and childbirth group are in the final stages of preparing a new edition of the *Guide to Effective Care in Pregnancy and Childbirth*, incorporating evidence from systematic reviews prepared since the first edition went to press in 1989. The text of each chapter has been extensively revised and the book will conclude with an appendix of 6 tables, listing respectively:

1. **Effective forms of care:**
Effectiveness demonstrated by clear evidence from controlled trials.
2. **Forms of care likely to be beneficial:**
The evidence in favour of these forms of care is less firmly established than for those in Table 1, but comes from controlled trials and good observational data.
3. **Forms of care with a trade off between beneficial and adverse effects:**
Women and care-givers should weigh these effects according to individual circumstances and priorities.
4. **Forms of care of unknown effectiveness:**
There are insufficient data of adequate quality to justify a recommendation for practice.
5. **Forms of care likely to be harmful or ineffective:**
The evidence against these forms of care is weaker than for those in Table 6, but comes from controlled trials and good observational data.
6. **Harmful or ineffective forms of care:**
Harm or ineffectiveness demonstrated by clear evidence from controlled trials.

The Stroke Collaborative Review Group

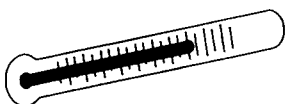
Over the past few years several systematic reviews have been published in the field of stroke. It is, therefore, perhaps not surprising that a Stroke Review Group was one of the first to formally register with the Cochrane Collaboration last year. Over the next few years the Stroke Review Group plans to extend the existing work to produce reviews of randomised trials dealing with prevention, treatment, and rehabilitation of ischaemic and haemorrhagic stroke (including subarachnoid haemorrhage). At present, there are about 20 reviewers from six countries, covering interventions as diverse as carotid endarterectomy for stroke prevention to speech therapy for aphasia after stroke the identification of all relevant randomised trials has been helped enormously by the existence of a register - the Ottawa Stroke Trials Registry.

*Next Meeting of the Review
Group - Edinburgh, 22 February
1995.*

Inflammatory Bowel Disease Group (Jack Mc Donald)

Our group has met twice, the first with a small number of prospective members, in London, Canada, in March and the second in New Orleans at the time of the AGA meeting in May. We have a general plan to divide into two major groups, one for Crohns Disease and one for Ulcerative Colitis and then into subgroups for various topics such as use of steroid, use of immunosuppressive agents, nutritional support etc. We have representation from gastroenterology, both adult and paediatric, surgery, and biostatistics. It is likely that the first review will be concerned with the use of cyclosporine in Crohns disease. I think this may be a good place to start since there are 4 trials (that we know about) of which one is positive and three are negative. There are unlikely to be trials that we don't know about.

We hope to coordinate with other GI groups the task of hand searching the GI literature. The other groups are functional gut disorders, peptic ulcer disease, and hepatobiliary disease.



The Placebo Project

(Andrew Herxheimer)

Placebos are important not only in the evaluation of treatments, but also in everyday clinical practice. The Cochrane Collaboration needs to try to clarify its thinking about placebos in both contexts. Iain Chalmers discussed this with Robin Fox, the Editor of The Lancet. The Lancet is now commissioning a series of articles, in consultation with the Cochrane Collaboration (via Andrew Herxheimer and Peter Gotzsche), to explore how placebos can be combined with specific treatments to obtain better outcomes, and also how effective placebos can be when used alone. The main part of the series will consist of articles surveying what is known in major areas of practice from this angle. They will be critical summaries of existing knowledge, highlighting the problems that most urgently need investigation, and will suggest how practitioners can choose and use placebo actions in their work now. Publication of the series is planned in the latter part of this year.

As far as possible the articles will use the framework of a systematic review. A systematic search for relevant published articles is being made by Jannes van Everdingen and Jos Kleijnen in Amsterdam. We hope that after the articles have appeared in the Lancet at least some of the authors will wish to expand them into systematic reviews for the Cochrane Database, and it may be useful to arrange a Cochrane workshop to discuss the issues.

Centre for Reviews and Dissemination established in the United Kingdom

A new Centre has recently been established at the University of York, UK. The National Health Services (NHS) Centre for Reviews and Dissemination (CRD) has three main roles. First, the Centre will carry out or commission reviews on behalf of the NHS on the effectiveness, cost-effectiveness, management and organisation of health services. The second main function will be to create a network of health care professionals around the country who are actively engaged in promoting service development in order to support their work with science based knowledge.

In addition to helping to bring together and disseminate the results of research, the Centre will bring together and disseminate the results of research, the Centre will contribute to new research in the areas of conducting reviews and ways of getting research into practice. The centre will also provide a home for the editorial base of the new Cochrane Professional Practice Group which is planning to prepare systematic reviews of the effectiveness of strategies designed to modify professional practice.

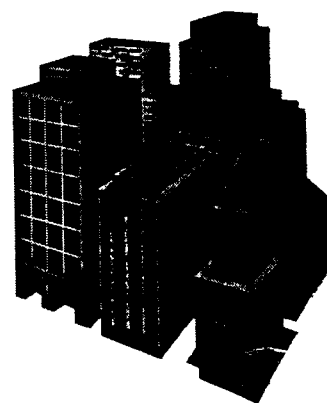
The NHS Centre for Reviews and Dissemination will establish various databases of published reviews, cost-effectiveness studies and a register of reviews in progress which will be made available to the NHS by diskette or on line. It will also develop an inquiry service through which appropriately filtered requests for information on the availability of reviews will be handled.

The CRD will work in close collaboration with its sister organisation, UK Cochrane Centre, and will play a key role in the UK in disseminating the results of systematic reviews produced by the Cochrane Collaboration.

For more details please contact:

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A 'parent database' for preparing, transferring and archiving Cochrane Reviews

(Mark Starr)

Cochrane Reviews are now being assembled and disseminated using a 'parent database' approach, based on experience with the successful pilot study - The Oxford Database of Perinatal Trials - which preceded the proposal for the UK Cochrane Centre. This approach involves holding, in a common structure, actual data and other information generated by each of the trials contributing to all Cochrane Reviews. Its merits are that (i) the standard structure makes reviewers pay attention to a number of key elements relevant to preparing valid reviews; (ii) reviews can be updated or amended much more quickly and easily; (iii) the data contributing to the reviews can be analysed and interrogated using a variety of approaches; and (iv) it greatly facilitates research relevant to improving the science of reviewing research.

This parent database allows the preparation of both published databases (eg *The Cochrane Pregnancy and Childbirth Database*) and document-

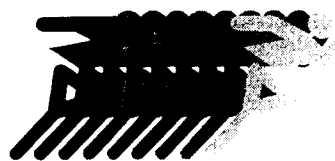
based products for disseminating the reviews.

The UK Cochrane Centre is managing the development of three database programs that assist creating the parent database are:

- to help individual reviewers prepare and maintain systematic reviews (the Cochrane Review Manager - REVMAN)
- to help editorial teams manage modules of reviews created by members of their collaborative review group (the Cochrane Module Manager - MODMAN)
- to manage modules of edited reviews contributed by collaborative review groups for later dissemination (the Parent Database of Cochrane Reviews - PARENT)

PARENT is first and foremost a management system, that is a system for registering protocols, receiving edited modules of reviews contributed by collaborative review groups, keeping track of different versions of reviews, ensuring reviews are kept up to date, attaching comments and criticisms to reviews, and so forth. Exactly what management functions will

be needed is still unclear, and a complete specification of the structure and function of PARENT is priority for system development in 1994. It is nonetheless being developed, using a modular design to facilitate the addition of new components as needed. The first component of the program is concerned primarily with receiving, storing and categorising individual reviews, and is based on REVMAN.



PARENT will not be distributed. As discussed on page 8 and 9 of the CC brochure and already noted, PARENT will be used to produce a variety of products, offering various ways to access the Cochrane Database of Systematic Reviews. Given an explicit statement of the file formats of PARENT, it is relatively simple to translate files to other formats and structures.



Helping yourself to the 1994 edition of the Cochrane Collaboration Handbook through the Internet.

If you have access to the Internet, you can now access the anonymous FTP Server on the UK Cochrane Centre's Internet Server and transfer the 1994 Cochrane Collaboration Handbook to your own site.

How do you connect?

1. Startup **FTP** from your terminal
2. At the ftp prompt, type **connect ftp.cochrane.co.uk**¹
3. At the login prompt, type **anonymous**
4. At the password prompt, type **<your e-mail address>**
5. Change the sub-directory ftp/pub/Handbook by typing **cd pub/Handbook**
6. At the ftp prompt, type **dir**
This command will list the available files in this directory.

How do you transfer files from the UK Cochrane Centre's FTP Server to your own system?

1. To download a file, type **get [filename]** (eg **get readme.bat**)
2. Then, type **BINARY**
3. To download several files, type **mget [filename1, filename2, etc.]**²

Note: File and directory names are case sensitive. Please ensure that you are consistent when accessing files and directories. Also, it is important to note that the Handbook files are in **WORDPERFECT FOR WINDOWS**. On some systems you may have to **<set file type binary>**

How do you disconnect?

1. To disconnect from the UK Cochrane Centre's FTP Server, type **disconnect** at the ftp prompt³
2. To quit FTP, type **quit** at the ftp prompt

To learn more about the FTP program that is available on your system, type **help** at the ftp prompt.

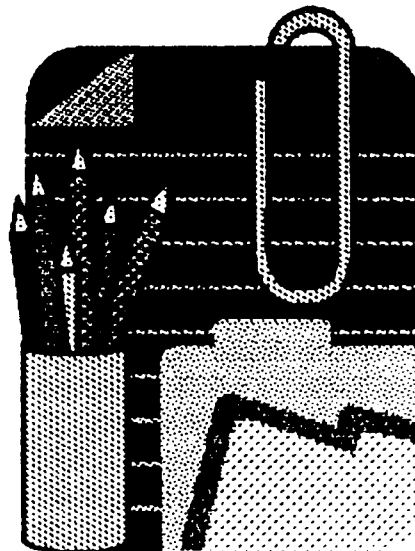
If you have a problem

If you have any difficulties in connecting to the UK Cochrane Centre's FTP Server, please send an e-mail Monica Fischer on: **mfischer@cochrane.co.uk**. If you have any problems specifically with downloading the handbook please send an e-mail to **Sally Hunt** on **shunt@cochrane.co.uk**.

1 On some systems you need to type **open** instead of **connect**

2 The **mget** command does not work in all FTP programs. If this is the case on your system, you will have to use the **get** command and transfer one file at a time.

3 As with the **open vs connect** command, on some systems you need to type **close** instead of **disconnect**.



For further information about the Cochrane Collaboration can be obtained from:

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